CURRENT TRENDS IN INTERNE AND RESIDENCY EDUCATION

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Interneships and Residencies, both locally in Halifax and elsewhere, are constantly undergoing evolutionary modifications in response to a wide variety of social pressures. Fortunately, the introduction of these changes is determined by experienced educators and practitioners whose constant aim is a striving for excellence. Their efforts have been made in one sense easier, but at the same time more urgent, as a result of the explosion in scientific advances in the mid 20th century, and the associated intensification of interest in basic education in the schools, high schools, and universities. The resultant better educated student entering medical school is capable of far greater achievements during four years of undergraduate medical education than was the case even fifteen to twenty years ago, and is therefore ready on graduation for a far more advanced programme of residency training than is generally available today. Because of this, a thorough re-assessment of all strata of professional education for medicine is being undertaken at Dalhousie and elsewhere at present.

Medical schools in general agree that after four years of undergraduate medical education they have prepared a basic or undifferentiated doctor who is not ready to practice any form of his profession but is adequately prepared to undertake specialty training, research training, or teacher training, which is variously considered to require from three years for family practice to six years, for example, in Neurosurgery.

Two closely inter-related principles have been recognized and already established to varying degrees in interneships and residencies. As a result of this recognition they are receiving increasing emphasis in the planning of improved programmes. The first of these is an emphasis on education in service, replacing the former pattern of service with incidental unstructured experience. The second is acceptance that interneship and residency are (as is also undergraduate medicine) merely **brief episodes** in a life-long process of learning one's profession

Two examples of the growing emphasis on education in service are as follows: -

For many years the Canadian Medical Association has had a standing committee on Approval of Hospitals for Interneship. Regularly this committee presents to the Council of the Canadian Medical Association, recommendations intended to improve the educational content and working conditions of interneships. The Provincial Licensing authorities cooperate in refusing to license doctors who have taken interneships entirely in hospitals lacking C.M.A. approval. As a result, hospitals are anxious to obtain C.M.A. approval for interneships.

In the field of Residency Training, where hospitals are approved by the Royal College of Physicians and Surgeons of Canada, the Royal College requested the medical schools of the country to increase their participation in residency training and to this Dalhousie agreed. In fact, the programme developed by Dr. R. O. Jones in the Department of Psychiatry, Dalhousie University, in the immediate post-war years was one of the models that led the Royal College to make such a request.

More far-reaching in its influence on developments in interne and residency education, however, has been the recognition that professional education is a life-long affair - "forty years not four", and the development at the same time of an ever increasing number and variety of specialties and subspecialties in medicine, requiring education in depth from the graduate M.D. for their successful conduct. After several years of careful consideration, the College of General Practice of Canada is now on record that the

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Specialty of family practice also requires this "education in depth."

Although the licensing authorities still require a "satisfactory interneship" after completion of four years of undergraduate medical study, prior to licensing the M.D. to practice medicine, it is reasonable to state in view of the above mentioned developments that the interneship is now obsolete.

Since the recent action of the College of General Practice of Canada, organized medicine in this country is now in a position to consider an approach to the licensing authorities requesting a revision of licensing policy in line with developing educational practice. The probable result would be the issuance of restricted licenses such as a license in family practice, or a license in radiological medicine, etc.

Of interest in view of the College of General Practice pronouncement is the availability of residency training opportunities in family practice, in Canada. Within the past few months the first two such programmes have been announced and are accepting candidates for training, commencing July 1st, 1966. One of these, developed by the Alberta Chapter of the College of General Practice of Canada, is based on the Calgary General Hospital. It is known as "a project for the development and evaluation of techniques for training in general practice" and is under the direction of Dr. John Corley, M.C.G.P. It is planned that this programme will extend for three years after the completion of the fourth year of undergraduate medical training. Because of its pilot project nature, the content of this programme is undergoing widespread study, critical analysis, and continuing revision. It is expected to include:

Internal Medicine	6 months
General Surgery	6 months
Obstetrics and Gynaecology	5½ months
Paediatrics	3 months
Psychiatry	2 months
Neurosurgery and Neurology	1 month
Orthopaedics	2 months
Physical Medicine and Rehabilitation	1 month
Urology	1 month
Laboratory and Diagnostic Procedures	1 month
Anaesthesiology	2 weeks
General Practice	2½ months
Three months elective.	
Holidays	1 mo./year

Concurrently with the block programmes, there will be time devoted on a continuing basis to emergency, ophthalmology, otolaryngolgy and radiology. We understand at this time that ten candidates have already been selected to enter upon the first year of the programme, and that this is the total number to be accommodated in any one year.

A second programme of advanced training for general practice has been announced by the Faculty of Medicine, University of Western Ontario, in cooperation with the College of General Practice of Canada, also to commence July 1st, 1966, under the direction of Dr. A. T. Hunter. This pilot programme will be based on St. Joseph's Hospital, London, Ontario. In this instance also, the curriculum is tentative and will be modified in the light of experience with the programme. It, too, will cover a three year period of training and includes 6 months medicine, 6 months surgery, surgical specialties and physical medicine, 5½ months obstetrics, gynaecology and neonatal paediatrics, 2 months paediatrics, 1½ months dermatology, 1 month anaesthesiology, 2 months family practice psychiatry, 4 months family practice, 2 months locum tenens, 4½ months electives and two weeks holidays per year. In addition, clinical laboratory conferences, radiology conferences, and periods in specialists offices and outpatient clinics and in the emergency department will be incorporated.

In addition to the above announced programmes, several others are known to be in various stages of planning, and enough is known of them to indicate that they will also be pilot projects, differing in detail from the already announced programmes. This difference in detail reflects in part the differences in patterns of family practice from one area in Canada to another. Arising from these differing patterns, it has been extremely difficult for the College of General Practice or any of the interested medical schools to obtain accurate and uniform information on the "content of general practice".

In an attempt to remedy this situation the College of General Practice held a conference in this matter in late 1965 and their findings are awaited with interest. It is hopefully expected that the Faculty of Medicine, Dalhousie University, will develop a programme for advanced training in family practice, particularly suited to what is known of the patterns of practice in Canada's four Atlantic Provinces.

Until appropriate pilot projects are more generally available, the number of positions open will be far short of the needs for advanced training for family practice. In the interim, the most satisfactory alternative would appear to be two years in supervised family practice as the assistant of an established practitioner or group. Such experience can then be followed by individually arranged residency training or by joining one of the advanced years of the now contemplated programmes of residency training for family practice.